

Annual Summary Report Of CAFO Weekly Storm Water Management Structure Inspections

Santa Ana Regional Water Quality Control Board

Reporting Period: January 1, 200__ to December 31, 200__

Facility Information (Please make corrections directly on this form.)
Operator's Name
Facility Name
Facility Address

Was the CAFO Weekly Storm Water Management Structure Inspections Log Sheet completed for the entire year? ☐ Yes ☐ No

If **No**, please explain why the log sheet was not completed for the entire year.

Were there any process wastewater discharge incidents during the year? ☐ Yes ☐ No

If **Yes**, please provide: the date of the incident, how it was discovered (was it during a routine site inspection?), how long did the discharge last, and how it was stopped.

Date of incident	How was it discovered?	How long did it last?	How was it stopped?
------------------	------------------------	-----------------------	---------------------

Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name of person making this report (please print): _____

Title: _____

Signature: _____

Date: _____